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FAX TRANSMISSION**DATE:** August 8, 2005**PTO IDENTIFIER:** Application Number 10/626,530-Conf. #2273
Patent Number**Inventor:** Gentz et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** HUMAN GENOME SCIENCES, INC.

Mark J. Hyman

PHONE: (240) 314-1224**Attorney Dkt. #:** PF111U3C1D1**PAGES (Including Cover Sheet):** 17**CONTENTS:**Fee Transmittal Sheet with appropriate fee (in dupl.) (1 page)
Election Under 37 C.F.R. § 1.143 and Amendment Under 37 C.F.R. § 1.111 (8 pages)
Information Disclosure Statement attaching form SB/08 listing references A to BZ (6 pages)
Certificate of Transmission (1 page)

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CENTRAL FAX CENTER

AUG 08 2005

PTO/SB/17 (12-04v2)
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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<p>Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4878).</p> <p>FEE TRANSMITTAL For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <p>Application Number 10/626,530-Conf. #2273</p> <p>Filing Date July 25, 2003</p> <p>First Named Inventor Reiner L. Gentz</p> <p>Examiner Name P. M. Mertz</p> <p>Art Unit 1646</p> <p>Attorney Docket No. PF111U3C1D1</p>	
<p>TOTAL AMOUNT OF PAYMENT (\$) 150.00</p>			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 08-3425 Deposit Account Name Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
23	- 20 = 3	x 50.00 =	150.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 7 =	x	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,789	Telephone	(240) 314-1224
Name (Print/Type)	Mark J. Hyman	Date	August 8, 2005		

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CENTRAL FAX CENTER**AUG 08 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:
Gentz et al.

Docket No.: PF111U3C1D1

Application No.: 10/626,530

Confirmation No.: 2273

Filed: July 25, 2003

Art Unit: 1646

For: Monocyte Colony Inhibitory Factor (M-CIF)
Antibodies (as amended)

Examiner: P. M. Mertz

ELECTION UNDER 37 C.F.R. § 1.143 AND
AMENDMENT UNDER 37 C.F.R. § 1.111MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed July 8, 2005, please consider the following amendments, election, and remarks. Applicants respectfully request that the Examiner enter the following amendments prior to examination of the captioned application. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet with appropriate fee (in dupl.), and (b) an Information Disclosure Statement attaching form SB/08 listing references A to BZ.

Please amend the application as follows: